

\_\_\_\_\_ **PUBLIC SCHOOLS**

**Notice of Proposed Dismissal**

Date: \_\_\_\_\_

\_\_\_\_\_  
Name of Teacher

\_\_\_\_\_  
School/Department of Assignment

The Division Superintendent will recommend to the School Board that you be dismissed from your position as:

\_\_\_\_\_  
(Position)

At your request, reasons for this recommendation will be provided to you in writing or in a personal interview.

You have ten business days from receipt of this form to request, in writing, a hearing before the School Board or, at the option of the School Board, a hearing before a Hearing Officer. A copy of the Request for Hearing Form is attached.

\_\_\_\_\_  
Division Superintendent's Signature

\_\_\_\_\_  
Division Superintendent's Name

\_\_\_\_\_  
Date